

Name  
in  
Full

Margaret. Allmatt

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

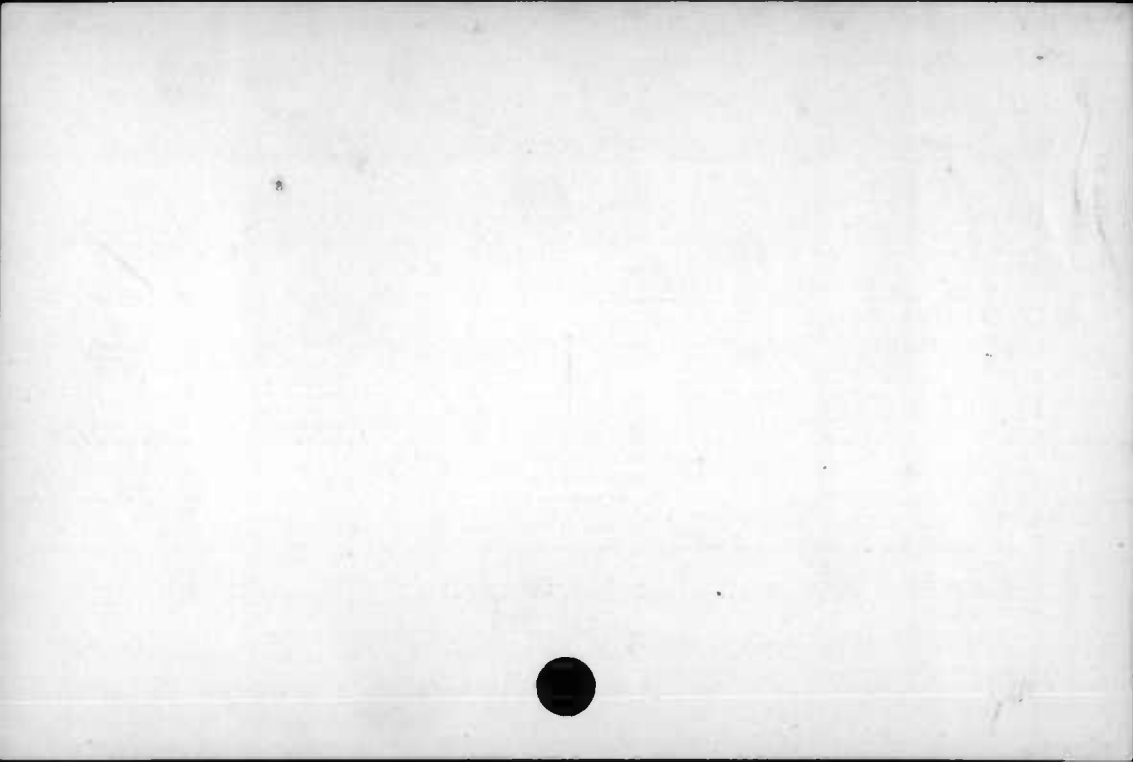
Died at <u>Danversville</u> Town <u>Unity</u> County		MARYLAND	
Date of death <u>1908</u> Month <u>2</u> Day <u>22</u> Age <u>1</u> Years <u>10</u> Months <u>—</u> Days <u>—</u>	Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Danversville Md.</u>
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>		
Father's Name <u>Lawrence Allmatt</u>	Father's Birthplace <u>Danversville Md.</u>		
Mother's Maiden Name <u>Ella. V. Thomas</u>	Mother's Birthplace <u>Fresh Co. Md.</u>		
Name of person giving information <u>Physician</u>	How related to deceased <u>—</u>		

CAUSES OF DEATH

71

PHYSICIAN  
OR CORONER

Primary <u>Convulsions (Probably met. of pneumonia)</u>	How long <u>1 da.</u>
Immediate <u>Coma (paralysis)</u>	How long <u>1 da.</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>U. D. House M.D.</u>
Accident or Suicide? <u>Q</u>	Address <u>Danversville Md.</u>



Name  
In  
Full

George R Astlin

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

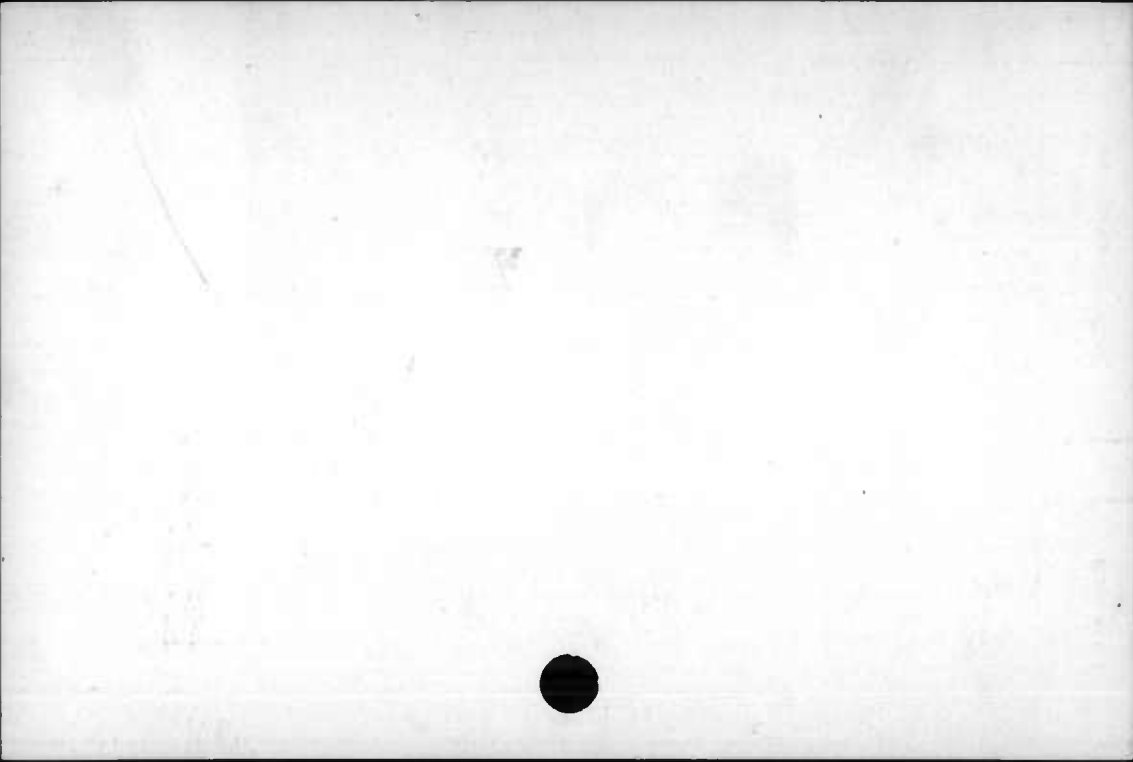
Died at <i>Podlesville</i>		Town		County		MONTGOMERY		MARYLAND	
Date of death <i>1908 January</i>		Month		Day		Age		Years	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Podlesville Md</i>		Months <i>11</i>		Days <i>12</i>	
Occupation <i>Farmer</i>				Where Residing if not at place of death					
Married, Single or Widowed				Name of Wife or Husband <i>Mary M Mathews</i>					
Father's Name <i>Richard Astlin</i>				Father's Birthplace <i>DK</i>					
Mother's Maiden Name <i>Eliza Lowe</i>				Mother's Birthplace <i>Podlesville Md</i>					
Name of person giving information <i>Julius Hall</i>				How related to deceased <i>Undertaker</i>					

## CAUSES OF DEATH

91

PHYSICIAN  
OR CORONER

Primary <i>Catastroph No Physician</i>		How long <i>One year</i>	
Immediate <i>May have been cancer or tuberculosis of stomach.</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>R. D. Dote sub neg</i>	
<i>No autopsy</i>		Address <i>Podlesville Md</i>	
Accident or Suicide? <i>X</i>			



Name  
in  
Full

Mary Sewell Bogue.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Glen Echo</i> <small>Town</small>		<i>Montgomery</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i>	Month <i>1</i>	Day <i>22</i>	Years <i>21</i>	Months	Days
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>Wash. D.C.</i>	
Occupation <i>none</i>			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>George W. Bogue</i>			Father's Birthplace <i>Vermont</i>		
Mother's Maiden Name <i>Sallie B. Bogue</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Mrs Sallie B. Bogue</i>			How related to deceased <i>mother</i>		

## CAUSES OF DEATH

91

PHYSICIAN  
OR CORONER

Primary <i>Chronic Bronchitis</i>	How long <i>One year</i>
Immediate <i>Heart Failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John W. Baynes</i>
<i>A</i>	Address <i>Fennally St. D.C.</i>
Accident or Suicide?	

Arthur please give me permit & money  
in Wash. D.C.

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Mary Bowie</i>		Town <i>Blacksburg</i>		County <i>Montgomery</i>		MARYLAND	
Died at <i>near Blacksburg</i>		Date of death <i>1908 Jan 24</i>		Age <i>80</i>		Months <i>80</i> Days <i>80</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Montg. Co Md</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Unknown</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>Gas. Matthews</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

10

PHYSICIAN  
OR CORONER

Primary <i>La Grippe</i>	How long <i>5 days</i>
Immediate <i>Heart failure</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>[Signature]</i>
<i>[Signature]</i>	Address <i>[Signature]</i>
Accident or Suicide?	





Name  
in  
Full

Bowman

CERTIFICATE OF DEATH

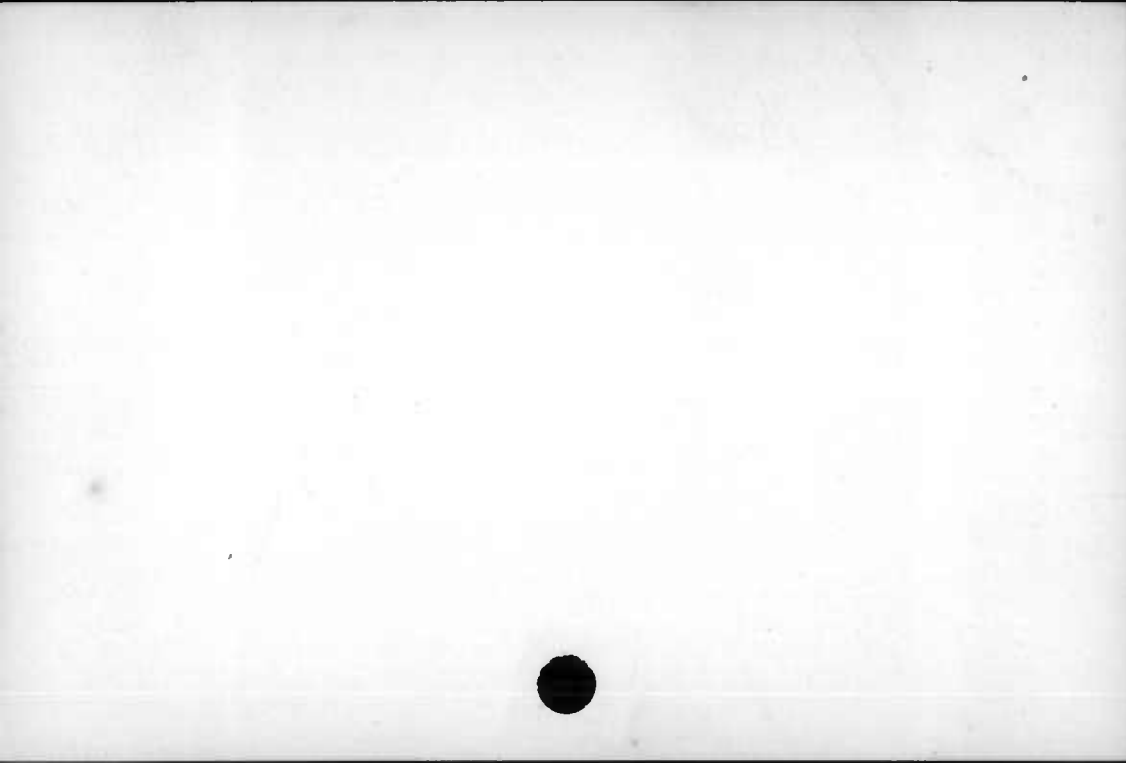
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Forest Glen</i> <sup>Town</sup>			County <i>Montgomery</i>			MARYLAND		
Date of death <i>1908</i>		Month <i>Jan</i>	Day <i>7</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>—</i>	<i>Still Born</i>
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Forest Glen</i>				
Occupation <i>none</i>				Where Residing if not at place of death <i>same</i>				
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband <i>X</i>					
Father's Name <i>Geo Robert Bowman</i>				Father's Birthplace <i>MD</i>				
Mother's Maiden Name <i>Agnes Gleason</i>				Mother's Birthplace <i>MD</i>				
Name of person giving information <i>Agnes G. Bowman</i>				How related to deceased <i>mother</i>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Difficult Labor</i>	How long <i>—</i>
Immediate	<i>Difficult Labor</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W L Lewis</i>
		Address <i>Kennedy St</i>
Accident or Suicide? <i>no</i>		<i>MD</i>



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Bonds</u> <small>Town</small>		<u>Montg.</u> <small>County</small>		MARYLAND	
Date of death <u>1908</u> <small>Month</small>		<u>Jan</u> <small>Day</small>	<u>20</u> <small>Years</small>	<u>Age</u> <small>Months</small>	<u>76</u> <small>Days</small>
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Montg. Co Md</u>	
Occupation <u>Housewife</u>		Where Residing if not at place of death <u>                    </u>			
Married, Single or Widowed <u>Widowed</u>		Name of Wife or Husband <u>Hamilton Burdett</u>			
Father's Name <u>Richard Stallins</u>		Father's Birthplace <u>Montg. Co Md</u>			
Mother's Maiden Name <u>Unknown</u>		Mother's Birthplace <u>Unknown</u>			
Name of person giving information <u>Basile Burdett</u>		How related to deceased <u>Stepson</u>			

## CAUSES OF DEATH

64

How long

5 days

How long

PHYSICIAN  
OR CORONER

Primary

Apoplexy, Cerebral

Immediate

Heart Failure

Are the name, age, sex, color, date and place correctly given above?

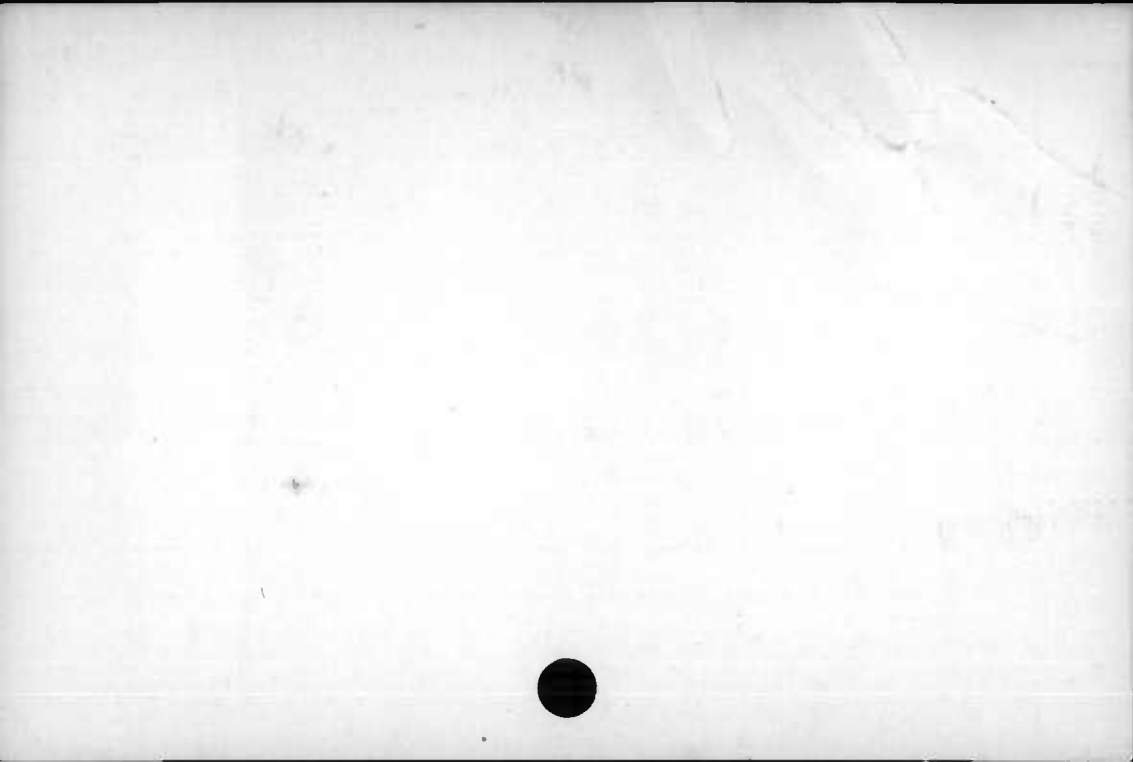
Yes

Signature of Physician

Address

W. Deely  
Clear Springs

Accident or Suicide?



Name  
in  
Full

Rachel Cooke

CERTIFICATE OF DEATH

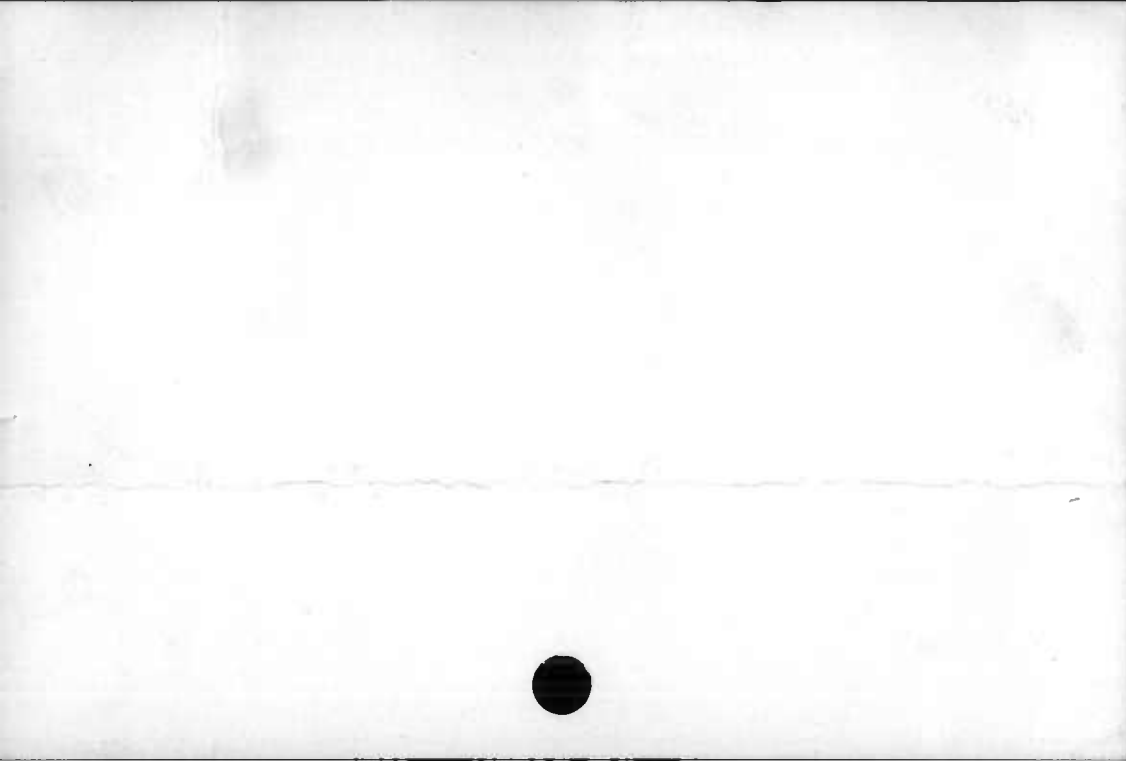
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Guthrieburg</i>		<sup>County</sup> <i>Mont</i>		MARYLAND	
Date of death	<i>1908</i>	Month <i>Jan'y</i>	Day <i>18</i>	Age <i>70</i>	Years <i>70</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>			
Occupation <i>Had none -</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Nathan Cooke</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Elizabeth Mageruder</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>Nathan Cooke</i>	How related to deceased <i>Cousin</i>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cerebral Hemorrhage</i>	How long <i>1 week</i>
Immediate <i>Coma</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>C. H. Manner</i>
	Address <i>Rockville, Md</i>
Accident or Suicide? <i>No</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <i>Cherry Chase</i> <sup>town</sup>		County <i>Montgomery</i>			
Date of death <i>1908</i>	Month <i>Jan</i>	Day <i>29</i>	Age <i>48</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Negro</i>	Birth-place <i>Md</i>			
Occupation <i>Servant</i>	Where Residing if not at place of death <i>same</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Nathan Crummer</i>				
Father's Name <i>Dont Know</i>	Father's Birthplace <i>Dont Know</i>				
Mother's Maiden Name <i>Dont Know</i>	Mother's Birthplace <i>Dont Know</i>				
Name of person giving information <i>E. E. Stevens</i>	How related to deceased <i>none</i>				

## CAUSES OF DEATH

104

How long

*1 1/2 hrs*

How long

*—*PHYSICIAN  
OR CORONER

Primary *Acute Indigestion*  
Immediate *Heart Failure*

Are the name, age, sex, color, date and place correctly given above?

*yes*

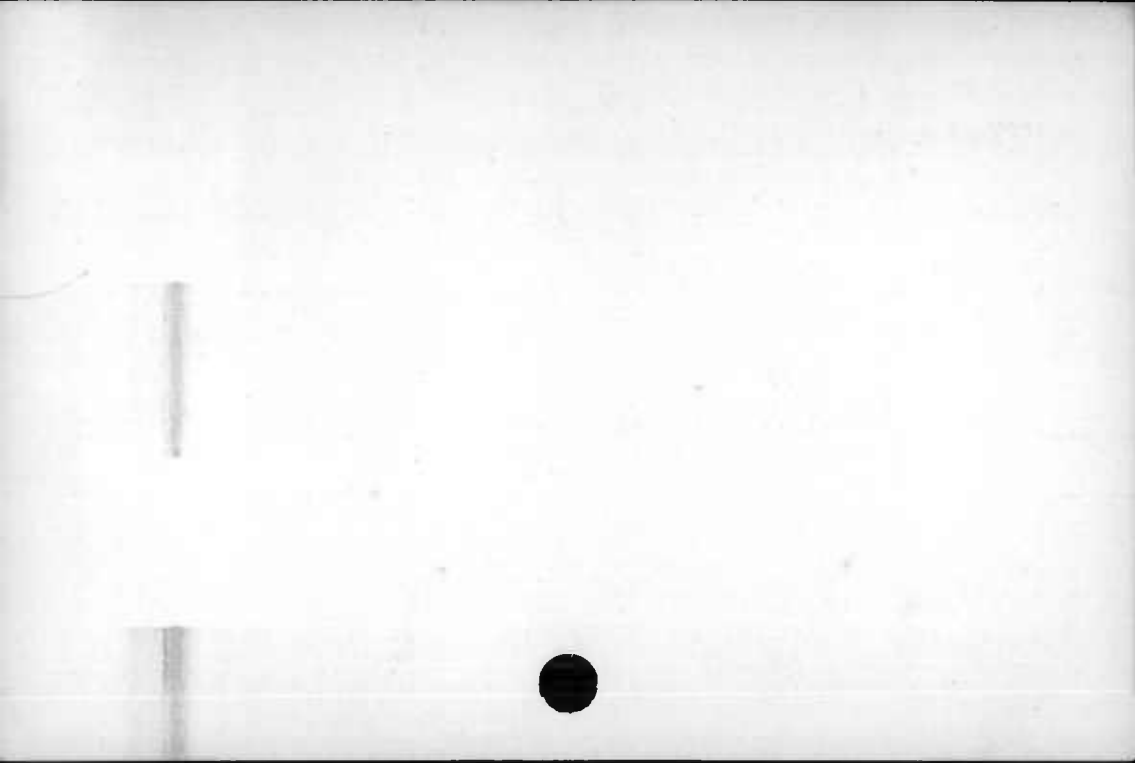
Signature of Physician

Address

*W. L. Davis M.D.*  
*Kensington*  
*Md*

Accident or Suicide?

*no*





Name  
in  
Full

Chas. Deen

## CERTIFICATE OF DEATH

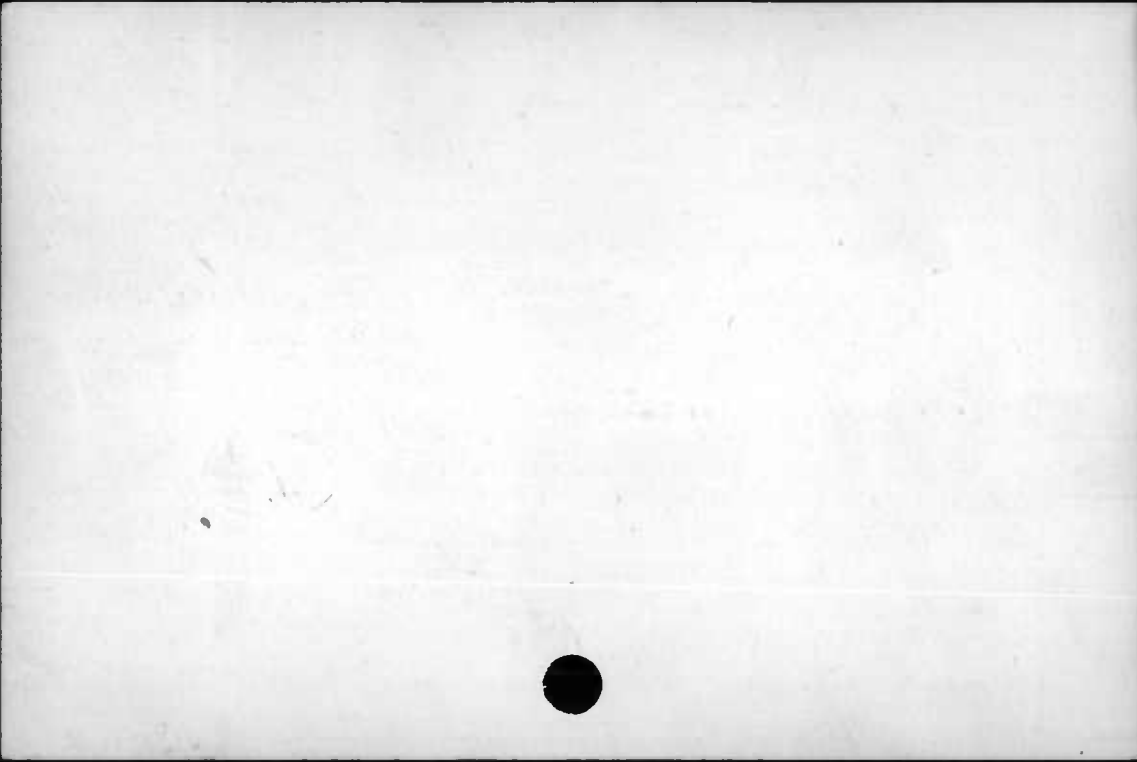
TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <i>Patuxent</i> <sup>Town</sup>		<i>Montgomery</i> <sup>County</sup>			
Date of death <i>1908</i>	<i>1</i> <sup>Month</sup>	<i>18</i> <sup>Day</sup>	<i>1</i> <sup>Years</sup>	<i>1</i> <sup>Months</sup>	<i></i> <sup>Days</sup>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Ind</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Geo. Deen</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Annie Robertson</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Geo Deen</i>			How related to deceased <i>father</i>		

## CAUSES OF DEATH

Primary <i>Labor Pneumonia</i>	How long <i>10 days</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>O. M. Luthman</i>
<i>Q</i>	Address <i>Roadview</i>
Accident or Suicide?	<i>Ind</i>



Name  
in  
Full

Infant of Henry Deggin's

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		Jan	24				2
Sex		Color or Race		Birth-place			
Male		Colored		MD			
Occupation				Where Residing if not at place of death			
				Same			
Married, Single or Widowed		Name of Wife or Husband		Father's Birthplace		Mother's Birthplace	
Single		X		MD		MD	
Father's Name		Mother's Maiden Name		How related to deceased			
Henry Deggin's		Hattie Cassaway		Mother			
Name of person giving information							
Hattie G. Deggin's							

## CAUSES OF DEATH

109

PHYSICIAN  
OR CORONER

Primary	Inanition	How long	since birth
Immediate	Hemorrhage of bowels	How long	12 hrs
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		W. L. Dean's	
		Address	
		Annapolis	
Accident or Suicide?		MD	
no			

(10)



Name  
in  
Full

CERTIFICATE OF DEATH

Sally Dingley

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Grand Park</i>		Town <i>Montgomery</i>		County		MARYLAND	
Date of death <i>1908</i>		Month <i>Jan</i>	Day <i>4</i>	Age <i>76</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>MD</i>				
Occupation <i>Housewife</i>			Where Residing if not at place of death <i>Same</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>X</i>					
Father's Name <i>Dont Know</i>		Father's Birthplace <i>Ireland</i>					
Mother's Maiden Name <i>Dont Know</i>		Mother's Birthplace <i>Ireland</i>					
Name of person giving information <i>W. L. Lewis</i>		How related to deceased <i>none</i>					

CAUSES OF DEATH

10

PHYSICIAN  
OR CORONER

Primary <i>Chronic Nephritis</i>	How long <i>3 yrs</i>
Immediate <i>Sa Grippe</i>	How long <i>few days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. L. Lewis</i>
<i>9</i>	Address <i>Knoxington</i>
Accident or Suicide? <i>no</i>	



Name  
in  
Full

Mary A Duwall

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

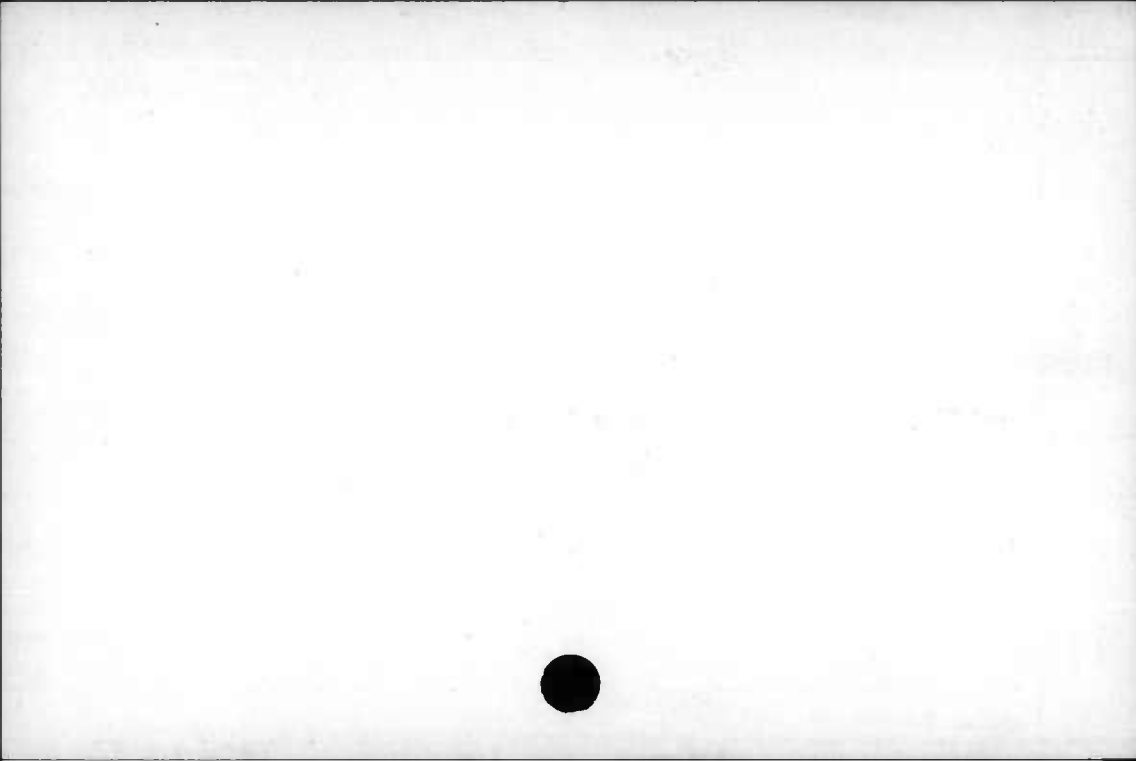
Died at <i>Laytonville</i>		Town		<i>Montgomery</i>		County		MARYLAND	
Date of death	<i>1908</i>	Month	<i>Jan</i>	Day	<i>30</i>	Age	<i>66</i>	Months	<i>8</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Montgomery Co</i>		
Occupation	<i>Housekeeping</i>				Where Residing if not at place of death				
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband						
Father's Name	<i>Mattison Duwall</i>					Father's Birthplace	<i>Montgomery Co</i>		
Mother's Maiden Name	<i>Susan A Penn</i>					Mother's Birthplace	<i>Montgomery Co</i>		
Name of person giving information	<i>Luther Duwall</i>					How related to deceased	<i>Brother</i>		

## CAUSES OF DEATH

10

PHYSICIAN  
OR CORONER

Primary	<i>Grip with Pneumonia</i>	How long	<i>3 weeks</i>
Immediate	<i>Heart Failure</i>	How long	<i>few hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>V H Dyson</i>	
		Address	
		<i>Laytonville</i>	
		<i>Montgomery Co Md</i>	
Accident or Suicide?			





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Francis Moore Griffith		Town		County		MARYLAND	
Died at Beallsville		Montgomery					
Date of death	1908	Month	Jan.	Day	20	Years	Age 76
Sex	Male	Color or Race	White	Months	7	Days	6
Occupation	Brook-keeper.		Where Residing if not at place of death		Beallsville, Md		
Married, Single or Widowed	Widowed		Name of Wife or Husband		Elizabeth Dickerson Griffith		
Father's Name	Maj. Greenbury Griffith		Fether's Birthplace		unknown		
Mother's Maiden Name	Prudence Jones.		Mother's Birthplace		unknown		
Name of person giving information	Margaretta Dairs		How related to deceased		Daughter		

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary	Pneumonia	How long	5 days
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	B. W. Walling
		Address	Boonville,
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Rebecca Mary Hall* Town *near Clarksburg* County *Monroe* MARYLAND

Died at *near Clarksburg* *Monroe*

Date of death *1908* Month *Jan* Day *14* Age *67* Years Months Days

Sex *Female* Color or Race *White* Birth-place *Monroe Co Md*

Occupation *Housewife* Where Residing if not at place of death *Hall*

Married, ~~Single~~ or Widowed Name of Wife or Husband *Hall*

Father's Name *John Fyles* Father's Birthplace *Md -*

Mother's Maiden Name *Jones* Mother's Birthplace *Md -*

Name of person giving information *W. H. Hall* How related to deceased *Husband*

## CAUSES OF DEATH

66

PHYSICIAN  
OR CORONER

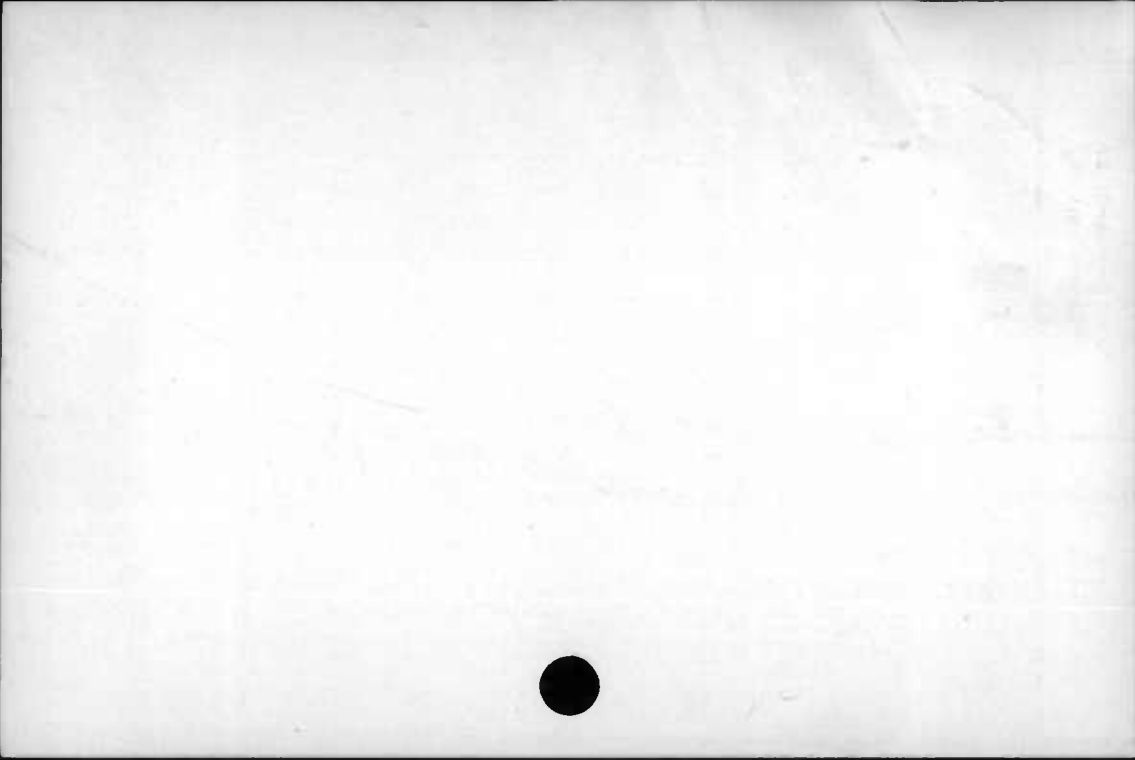
Primary *Paralysis* How long *3 or 4 years*

Immediate *Cardiac Asthma* How long *24 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. E. Deets* Address *Clarksburg*

Accident or Suicide? *No*



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Wm McCubbin Hardesty</i>		Town <i>Burnt Mills</i>		County <i>Montgomery</i>		MARYLAND	
Died at <i>Burnt Mills</i>		Month <i>Jan</i>		Day <i>26</i>		Years <i>73</i>	
Date of death <i>1908</i>		Months <i>0</i>		Days <i>3</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Md.</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Martha Earnehar</i>					
Father's Name <i>Samuel Hardesty</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Martha McCubbin</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Mrs. John Stone</i>		How related to deceased <i>Daughter</i>					

## CAUSES OF DEATH

56

PHYSICIAN  
OR CORONER

Primary <i>Acute Alcoholism</i>	How long <i>2 days</i>
Immediate <i>Exposure</i>	How long <i>24 hrs.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. S. Brown</i>
<i>Yes</i>	Address <i>Silver Spring</i>
Accident or Suicide?	



Name  
in  
Full

CERTIFICATE OF DEATH

*Emily Helton*

Town

County

MARYLAND

Died at *Chambersburg*

Date of death *1908* Month *1* Day *11* Age *78* Years Months Days

Sex *Female* Color or Race *Negro* Birth-place *Montgomery Co Md*

Occupation *Housewife* Where Residing if not at place of death

Married, *Yes* Name of Wife or Husband *Lemuel Helton*

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving information *Physician* How related to deceased

CAUSES OF DEATH

*(10)*

Primary *Senile decay* How long *2 yrs*  
Immediate *"La Grippe"* How long *1 week*

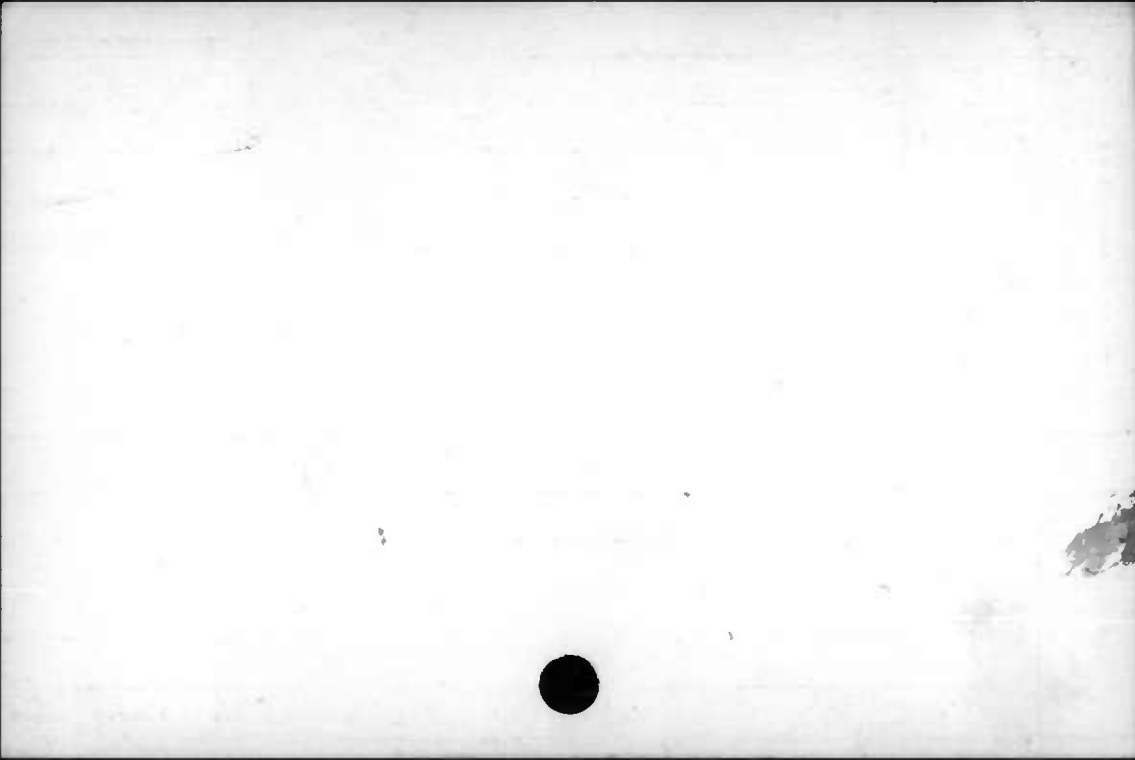
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *U. D. House M.D.*  
Address *Danversville Md.*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

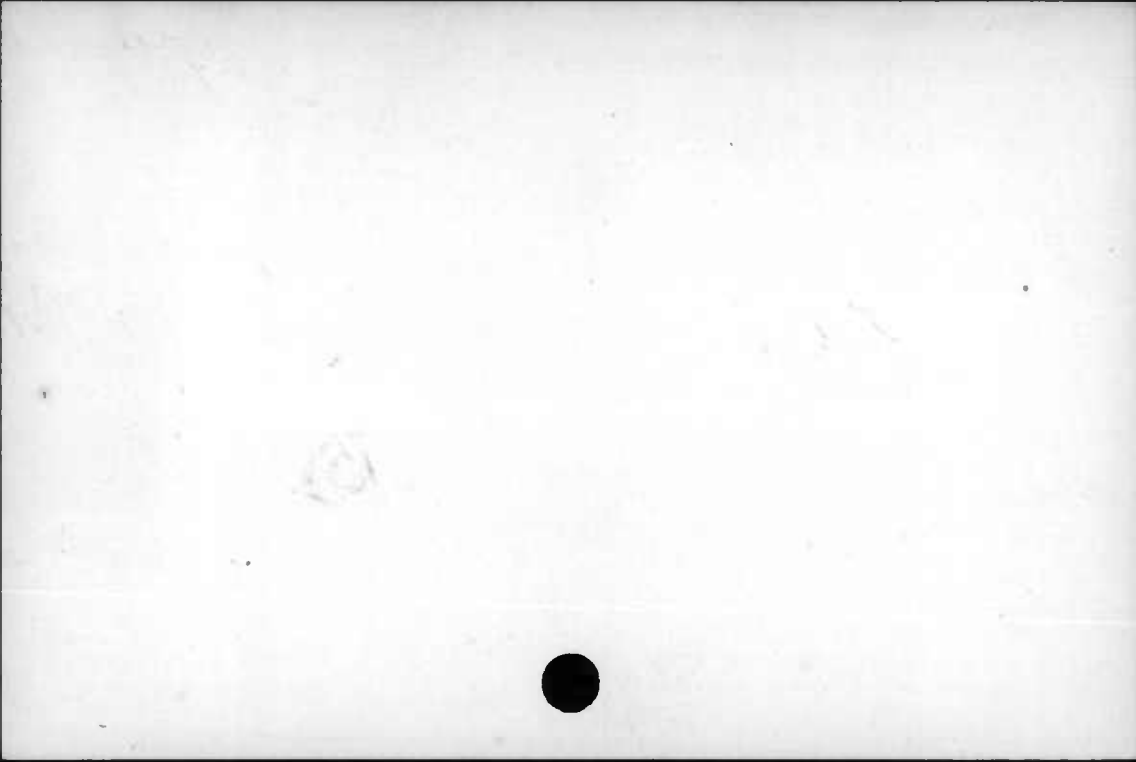
Died at		Town <i>Tadmor Park</i>		County <i>Montgomery</i>		MARYLAND		
Date of death		1908	Month <i>June</i>	Day <i>25</i>	Age <i>60</i>	Years <i>3</i>	Months <i>3</i>	Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>MD</i>				
Occupation <i>Farmer</i>				Where Residing if not at place of death <i>same</i>				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Sarah Francett</i>						
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>						
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>						
Name of person giving information <i>X</i>		How related to deceased <i>X</i>						

## CAUSES OF DEATH

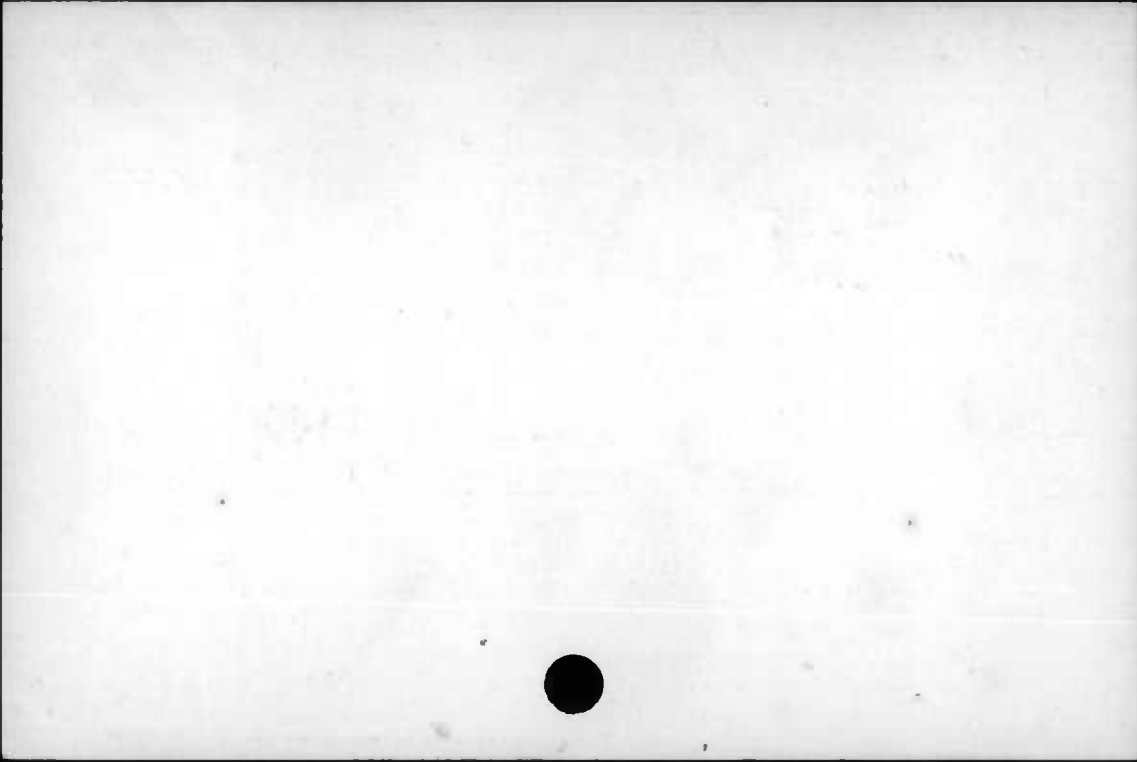
93

PHYSICIAN  
OR CORONER

Primary	<i>Lobar Pneumonia</i>	How long	<i>4 weeks</i>
Immediate	<i>Heart Failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>X</i>		Signature of Physician <i>Chas H Waters</i>	
		Address <i>D.C.</i>	
Accident or Suicide? <i>X</i>		<i>Madison near Brightwood Ave</i>	



Name in Full		Frank Johnson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Rockville		Montgomery		MARYLAND	
	Date of death	1907	Month 1	Day 3	Age	Months	Days 2
	Sex	Male		Color or Race	Negro		
	Occupation	None		Where Residing if not at place of death	Maryland		
	Married, Single or Widowed	Single		Name of Wife or Husband	X		
	Father's Name	Frank Johnson			Father's Birthplace	Maryland	
	Mother's Maiden Name	Laura Thomas			Mother's Birthplace	Maryland	
Name of person giving information	Laura Thomas			How related to deceased	Mother		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Smothered Don't know				How long	Not at all
	Immediate	Throat it happened; mother was alone				How long	Was alone
	The name, age, sex, color, date and place correct given above				Signature of Physician	Edward Anderson M.D.	
	mother was irresponsible, and it is uncertain whether it was accidental or suicidal.				Address	Rockville, Md.	
<div style="display: flex; justify-content: space-between;"> <span>176</span> <span>Accident or Suicide?</span> </div>							



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full *Mary A. Reys.*

Died at *Randolph* Town *Montgomery* County

Date of death *1908* Month *1* Day *3* Age *8* Years Months Days

Sex *Female* Color or Race *Colored* Birth-place *Ind*

Occupation *None* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Wendley* Father's Birthplace *Ind*

Mother's Maiden Name *Annie Reys* Mother's Birthplace *Ind*

Name of person giving information *Wendley* How related to deceased *Sister*

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary *Rheumatic Heart Disease* How long *6 mo*

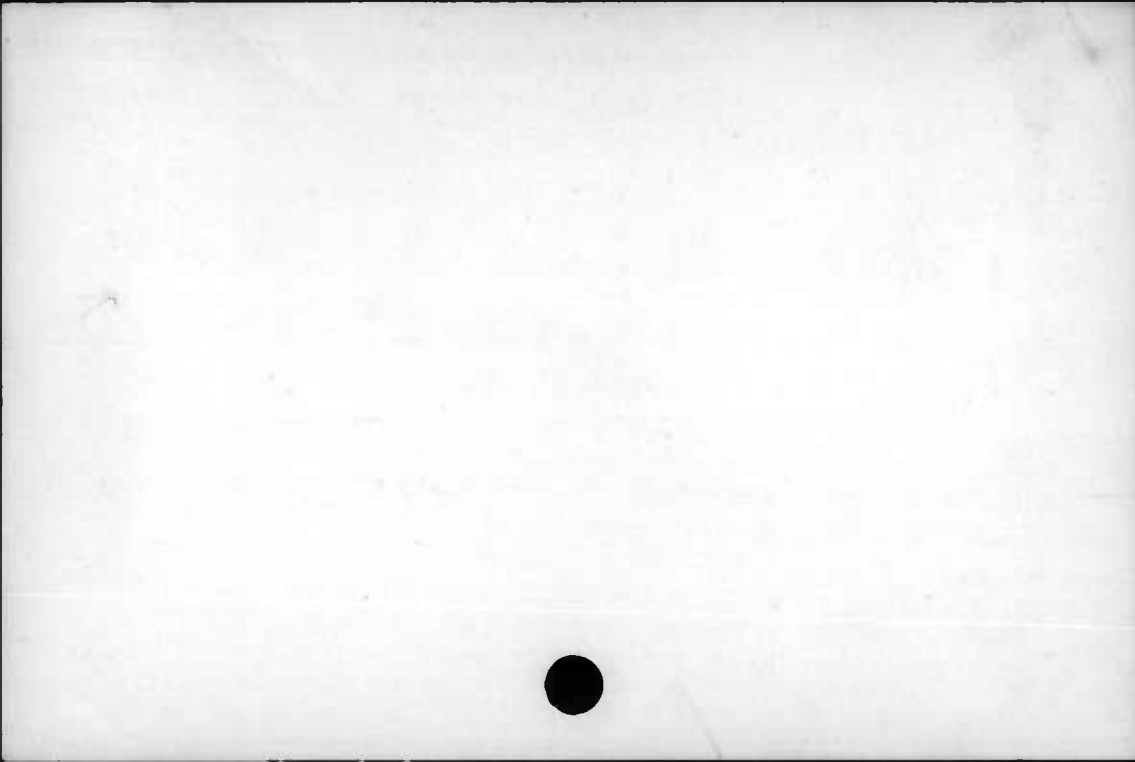
Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *J. M. Smith*

Address *Rockville Ind*

Accident or Suicide? *No*



Name

in  
FILE

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

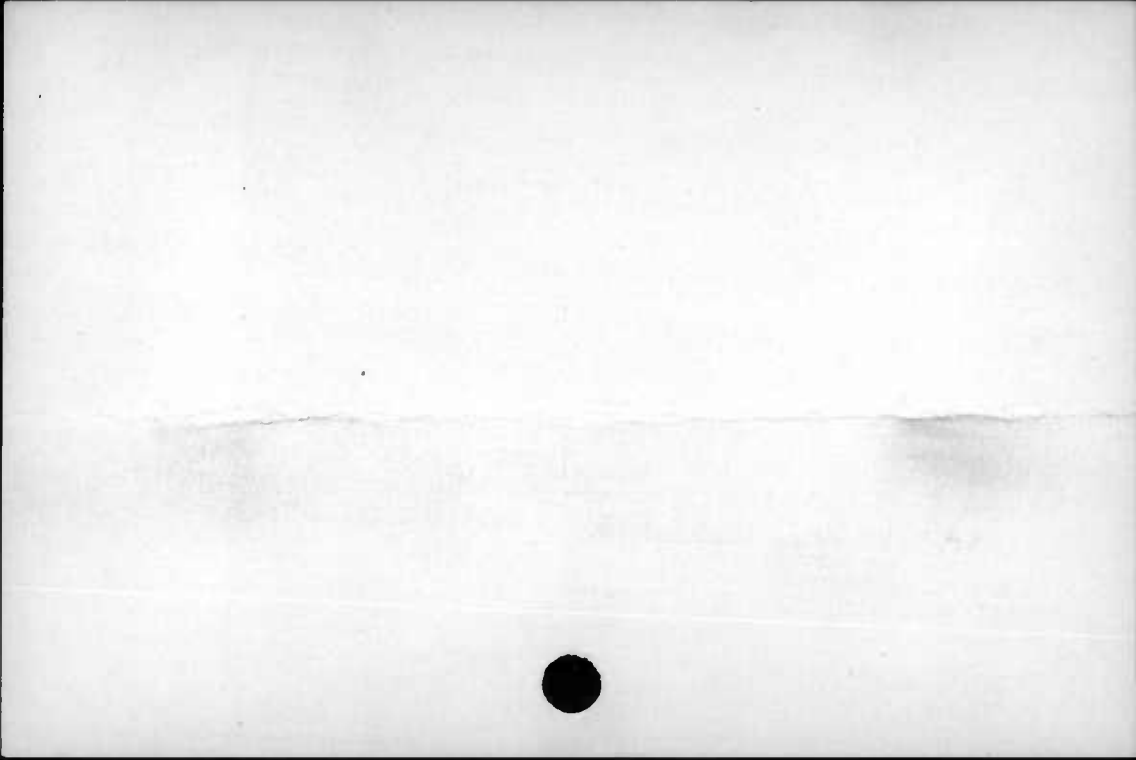
Died at <i>Spencerville</i>		County <i>mont</i>		MARYLAND	
Date of death <i>1908 Jan</i>	Month <i>Jan</i>	Day <i>4</i>	Age <i>16</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>Spencerville</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>Jersey City N.J.</i>			
Married, Single or Widowed <i>1</i>		Name of Wife or Husband			
Father's Name <i>Burton Lewis</i>		Father's Birthplace <i>Spencerville</i>			
Mother's Maiden Name <i>Mary Johnson</i>		Mother's Birthplace <i>Spencerville</i>			
Name of person giving information <i>Burton Lewis</i>		How related to deceased <i>Father</i>			

## CAUSES OF DEATH

10

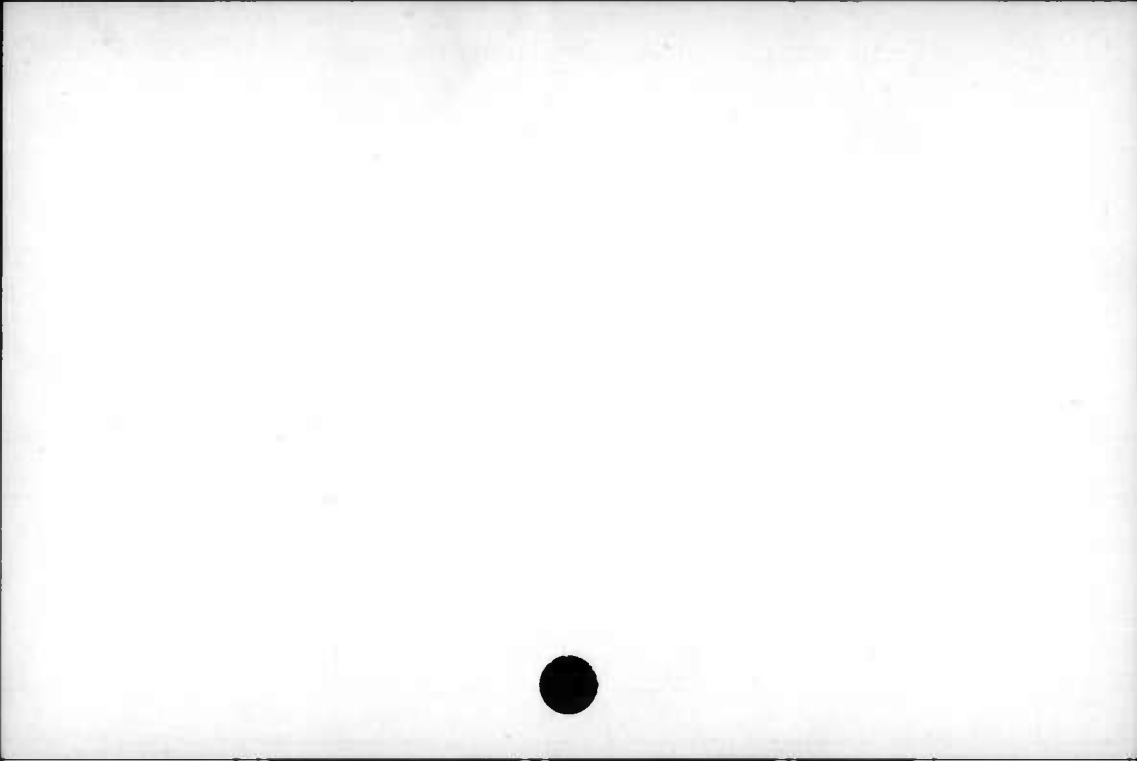
PHYSICIAN  
OR CORONER

Primary <i>Gripp</i>	How long <i>12 day</i>
Immediate <i>Pneumonia</i>	How long <i>3 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. R. Butson</i>
	Address <i>Spencerville Md.</i>
Accident or Suicide? <i>9</i>	





Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Houston</i> Town		County <i>Montg</i>	
		Date of death <i>1908</i> Month <i>Jan</i> Day <i>30</i>		Age <i>0</i> Years Months <i>6</i> Days <i>7</i>	
		Sex <i>Male</i>		Color or Race <i>Colored</i>	
		Occupation <i>None</i>		Birth-place <i>Md.</i>	
		Where Residing if not at place of death			
		Married, Single or Widowed <i>Single</i>		Name of Wife or Husband	
		Father's Name <i>Langesfield Lomax</i>		Father's Birthplace <i>Va.</i>	
Mother's Maiden Name <i>Florence Gertrude Norris</i>		Mother's Birthplace <i>Md.</i>			
Name of person giving information <i>Langesfield Lomax</i>		How related to deceased <i>Father</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <i>Lumbar Abscess</i>		How long <i>1 mo.</i>	
		Immediate <i>Syncope</i>		How long <i>2 days.</i>	
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H. T. Brown</i>	
		Yes		Address <i>Silver Spring Md.</i>	
Accident or Suicide?					



Name  
in  
Full

Emma Windeler Martin

## CERTIFICATE OF DEATH

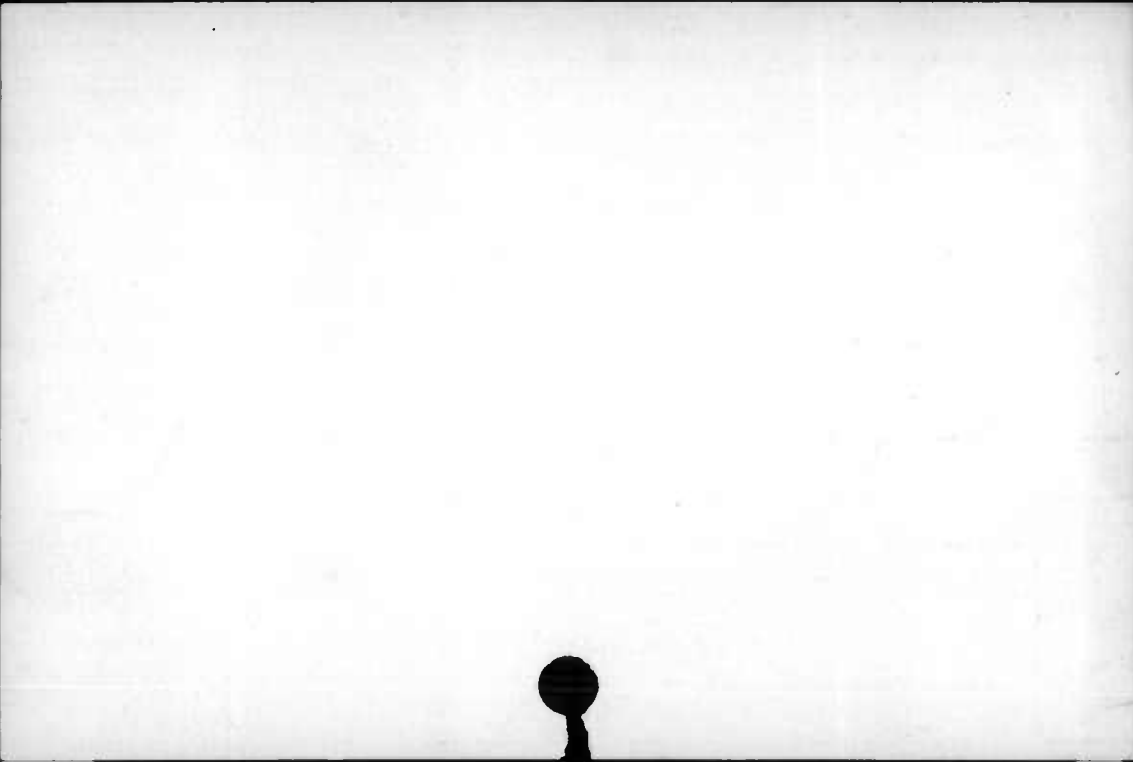
Died at <i>Forest Glen</i> <small>Town</small>		<i>Montgomery</i> <small>County</small>		MARYLAND	
Date of death	1908	Month	July	Day	31
Age	38	Years		Months	4
Sex	Female	Color or Race	White	Birth-place	Ind.
Occupation	Housewife		Where Residing if not at place of death <i>Same</i>		
Married, Single or Widowed	Married		Name of Wife or Husband <i>Robert A Martin</i>		
Father's Name	<i>Mr. Windeler</i>		Father's Birthplace <i>O.</i>		
Mother's Maiden Name	<i>undisclosed</i>		Mother's Birthplace <i>ny</i>		
Name of person giving information	<i>Mr. Lopez</i>		How related to deceased <i>Not related</i>		

## CAUSES OF DEATH

(27)

Primary	<i>Tuberculosis of the lungs</i>	How long	<i>14 months</i>
Immediate	<i>Tuberculosis of the lungs</i>	How long	<i>14 months</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Angelo Jones</i>
		Address	<i>Kennington</i>
Accident or Suicide?	<i>no</i>		

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Ellen Nelson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

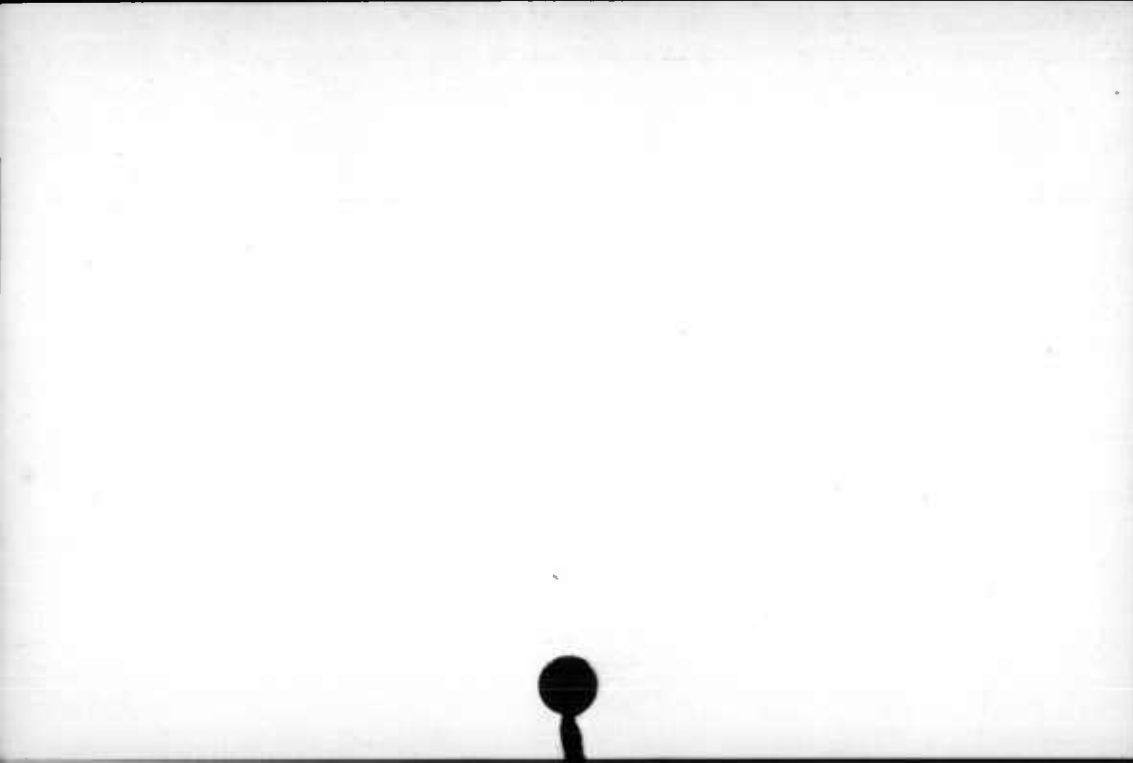
Died at <i>Leokerville</i>		Town		County <i>Montgomery</i>		State <i>MARYLAND</i>	
Date of death <i>1908</i>	Month <i>Jan</i>	Day <i>29</i>	Age <i>81</i>	Years	Months <i>0</i>	Days <i>7</i>	
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>md.</i>				
Occupation <i>None</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband					
Father's Name <i>Jesse Tasker</i>			Father's Birthplace <i>md.</i>				
Mother's Maiden Name <i>Lebbie Tasker</i>			Mother's Birthplace <i>"</i>				
Name of person giving information <i>Rachel McAllister</i>			How related to deceased <i>Daughter</i>				

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary <i>Coban Pneumonia</i>	How long <i>2 weeks</i>
Immediate <i>Asphyxia</i>	How long <i>24 hrs.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. T. Brown</i>
<i>Yes</i>	Address <i>Silver Spring Md.</i>
Accident or Suicide?	



Name  
in  
Full

Hegzekiah Nelson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Martinsburg</i> Town		<i>Montgomery</i> County		MARYLAND	
Date of death	1908	Month	Jan	Day	14
Sex	Male	Age	17	Years	
Color or Race	negro	Months		Days	
Occupation	Laborer		Birth-place	<i>Rockville Md</i>	
Where Residing if not at place of death					
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			<i>Nelson</i>		
Father's Birthplace			<i>Rockville</i>		
Mother's Maiden Name			<i>Irene Nelson</i>		
Mother's Birthplace			<i>Rockville</i>		
Name of person giving information			<i>Mary Wilson</i>		
How related to deceased			<i>woman</i>		

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>2 weeks</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Ed. H. ...</i>	
		Address	
		<i>Rockville</i>	
Accident or Suicide?			
		<i>and</i>	





Name  
in  
Full

CERTIFICATE OF DEATH

*Harry W. Phillips*

Town

County

MARYLAND

Died at

Date

of death

Month

Day

Age

Months

Days

*1908 Jan 23*

*months don't know*

Sex

Color or  
Race

Birth-  
place

*male*

*white*

Occupation

Where Residing if not  
at place of death

*Laborer*

Married, Single  
or Widowed

Name of Wife or  
Husband

*Don't know*

*Don't know*

Father's  
Name

Father's  
Birthplace

*Don't know*

Mother's  
Maiden Name

Mother's  
Birthplace

*11*

Name of person giving  
Information

How related  
to deceased

CAUSES OF DEATH

*118*

Primary

*neglected appendicitis*

How long

*Don't know*

Immediate

*Peritonitis & exhaustion*

How long

*Don't know*

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

*W. B. Staddon*

*Faithersburg  
Maryland*

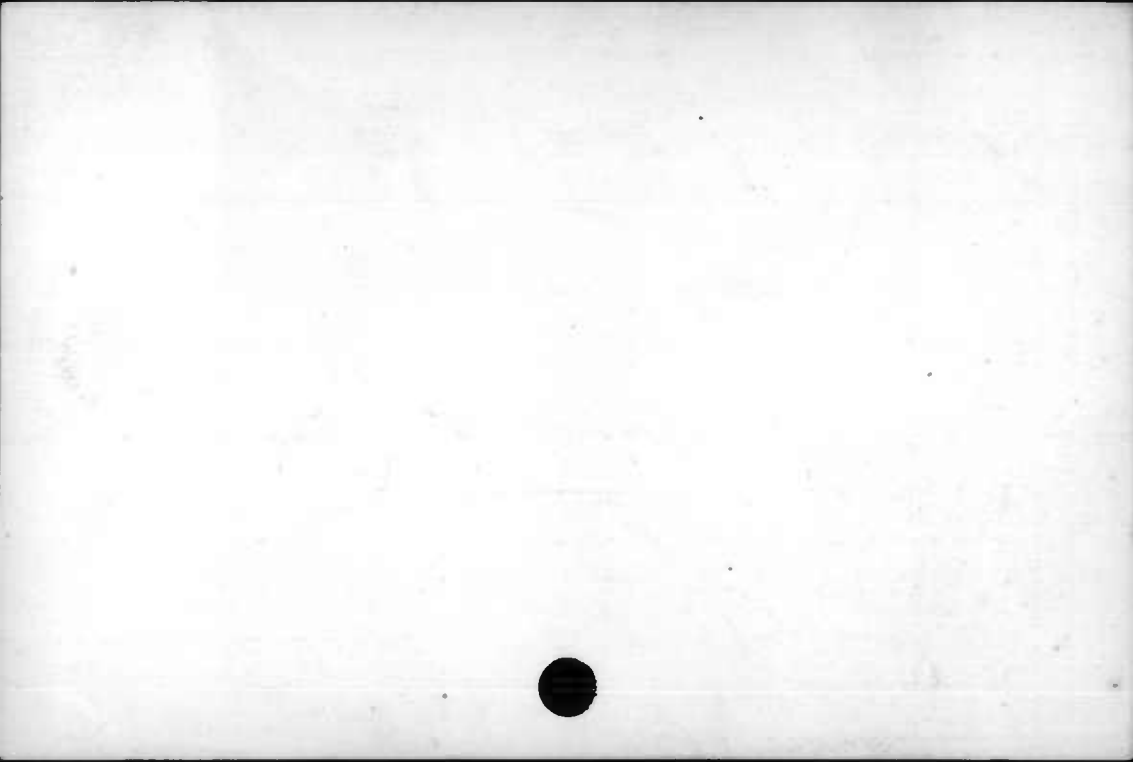
Accident or Suicide?

*9*

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

*PR*



Name  
in  
Full

*Annie Virginia Plummer*

CERTIFICATE OF DEATH


TO BE ANSWERED BY  
NEAREST FRIEND

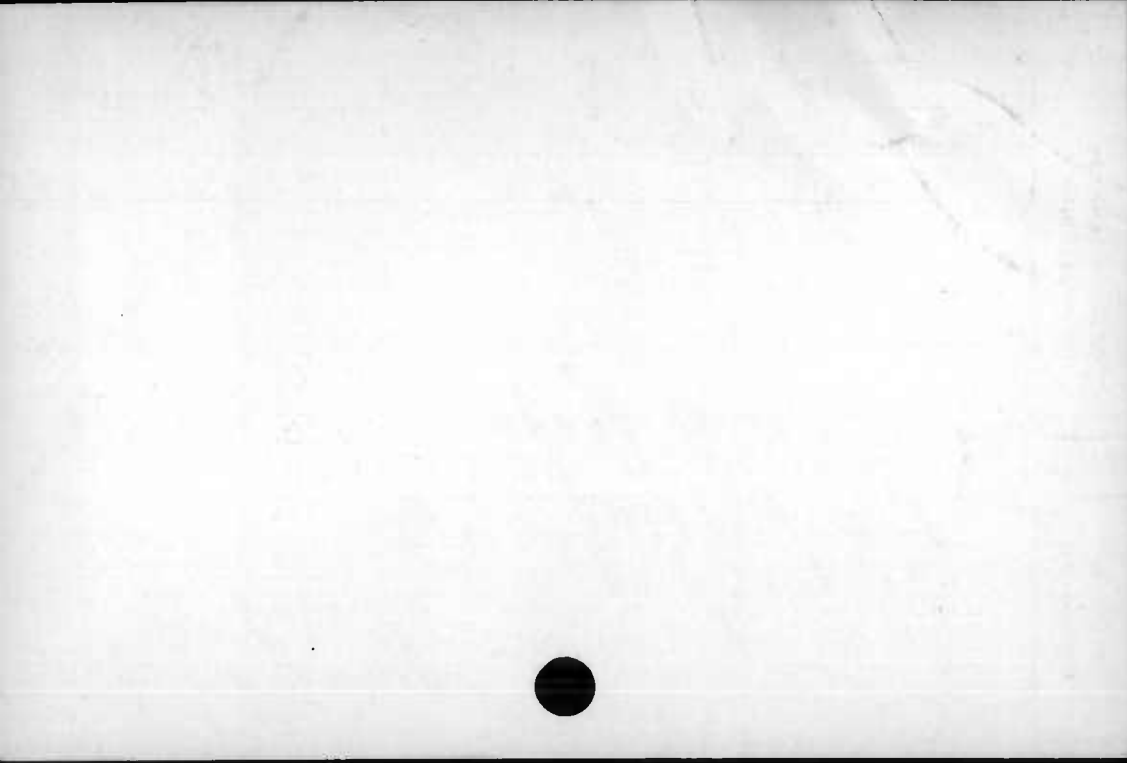
Died at <i>Cedar Grove</i> <sup>Town</sup>		<i>Montg.</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1908</i>	Month	<i>Jan</i>	Day	<i>23</i>
		Years	<i>68</i>	Months	<i>3</i>
		Days	<i>16</i>		
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Montg. Co Md</i>
Occupation	<i>Housewife</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Widowed</i>	Name of Wife or Husband	<i>Richard Plummer</i>		
Father's Name	<i>Alfred Burns</i>		Father's Birthplace	<i>Montg. Co Md</i>	
Mother's Maiden Name	<i>Unknown</i>		Mother's Birthplace	<i>Unknown</i>	
Name of person giving information	<i>John W. Sibley</i>		How related to deceased	<i>Not related</i>	

CAUSES OF DEATH

**(66)**

PHYSICIAN  
OR CORONER

Primary	<i>Paralysis</i>	How long	<i>3 years</i>
Immediate	<i>Heart failure</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
		<i>J. E. Weets</i> <i>Potomac Md</i>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

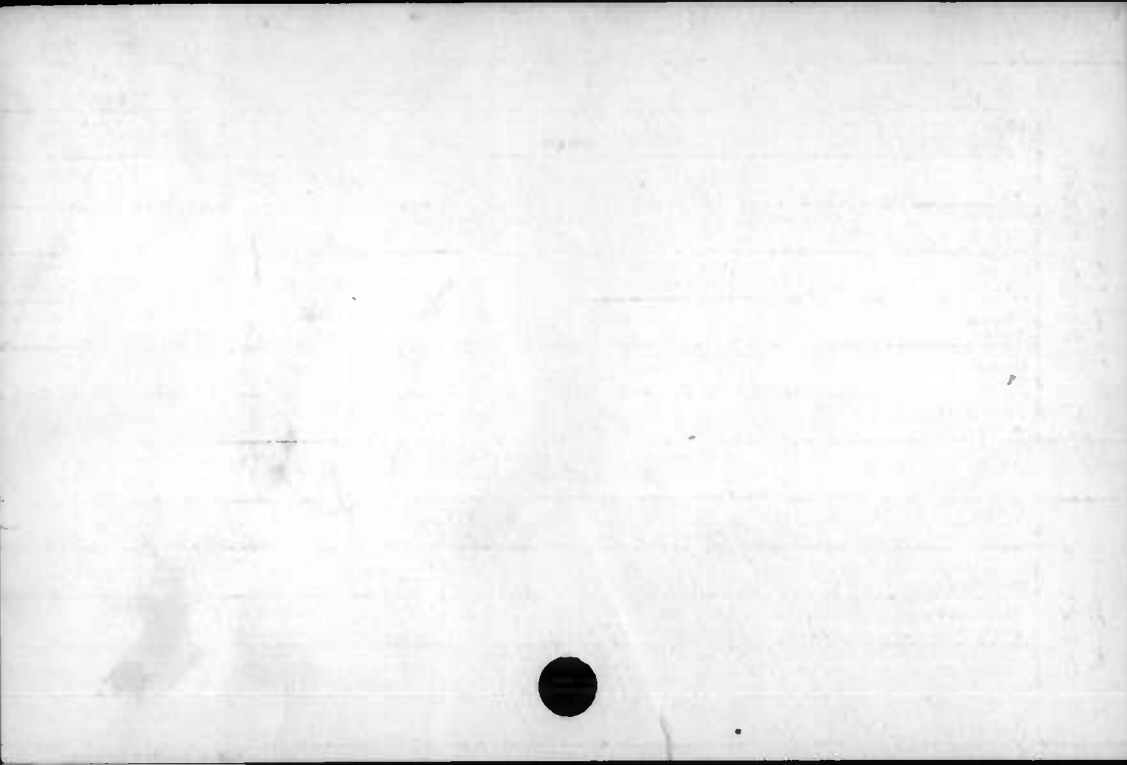
Died at <i>Poolsville</i>		Town <i>Poolsville</i>		County <i>Montgomery</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>January</i>	Day <i>27</i>	Age <i>2</i>	Years <i>2</i>	Months <i>2</i>	Days	
Sex <i>Boy</i>	Color or Race <i>white</i>		Birth-place <i>Poolsville</i>				
Occupation <i>Infant</i>	Where Residing if not at place of death <i>Poolsville</i>						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name <i>W. H. Pool</i>	Father's Birthplace <i>Poolsville</i>						
Mother's Maiden Name <i>Carmen Williams</i>	Mother's Birthplace <i>"</i>						
Name of person giving information <i>W. H. Pool</i>	How related to deceased <i>Father</i>						

## CAUSES OF DEATH

108

PHYSICIAN  
OR CORONER

Primary <i>Intestinal Obstruction</i>	How long <i>10 days</i>
Immediate <i>Cardiac Asthenia</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. W. White</i>
	Address <i>Poolsville Md.</i>
Accident or Suicide? <i>1</i>	



Name  
in  
Full

Elizabeth Powell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

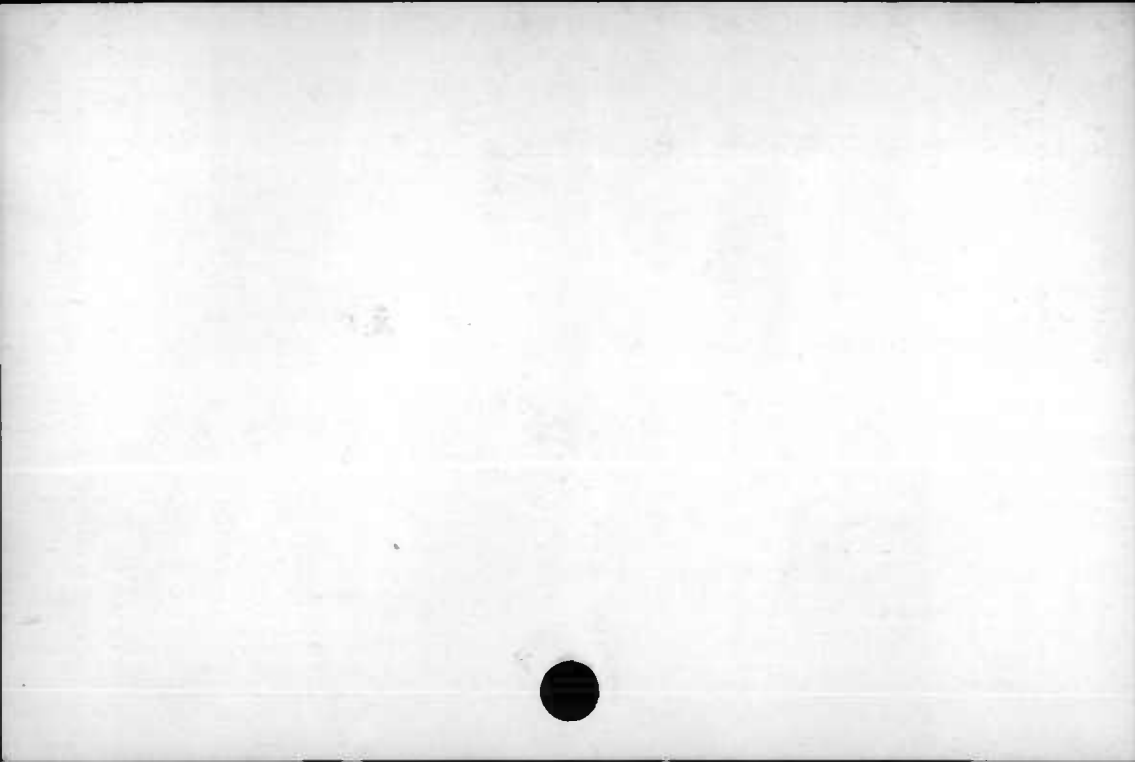
Died at		Town Brighton		County Montg.		MARYLAND	
Date of death 1908		Month Jan.		Day 12		Age 35 about	
Sex Female		Color or Race Black		Birth- place Brighton		Months Days	
Married, <del>Single</del> or <del>Widowed</del>		Occupation Housewife					
Name of Wife or Husband		Lewis Powell					
Father's Name		Lewis Gassaway				Father's Birthplace Brighton	
Mother's Maiden Name		Mary C. Woodward				Mother's Birthplace Brighton	
Name of person giving In formation		Lewis Powell				How related to deceased Husband	

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	Tuberculosis	How long	54 years, probably
Immediate	Phthisis Pulmonum	How long	8 months
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		H. C. G. Stabler	
Address		Brighton	
Accident or Suicide?			





Name  
in  
Full

Carl Rabbit

CERTIFICATE OF DEATH

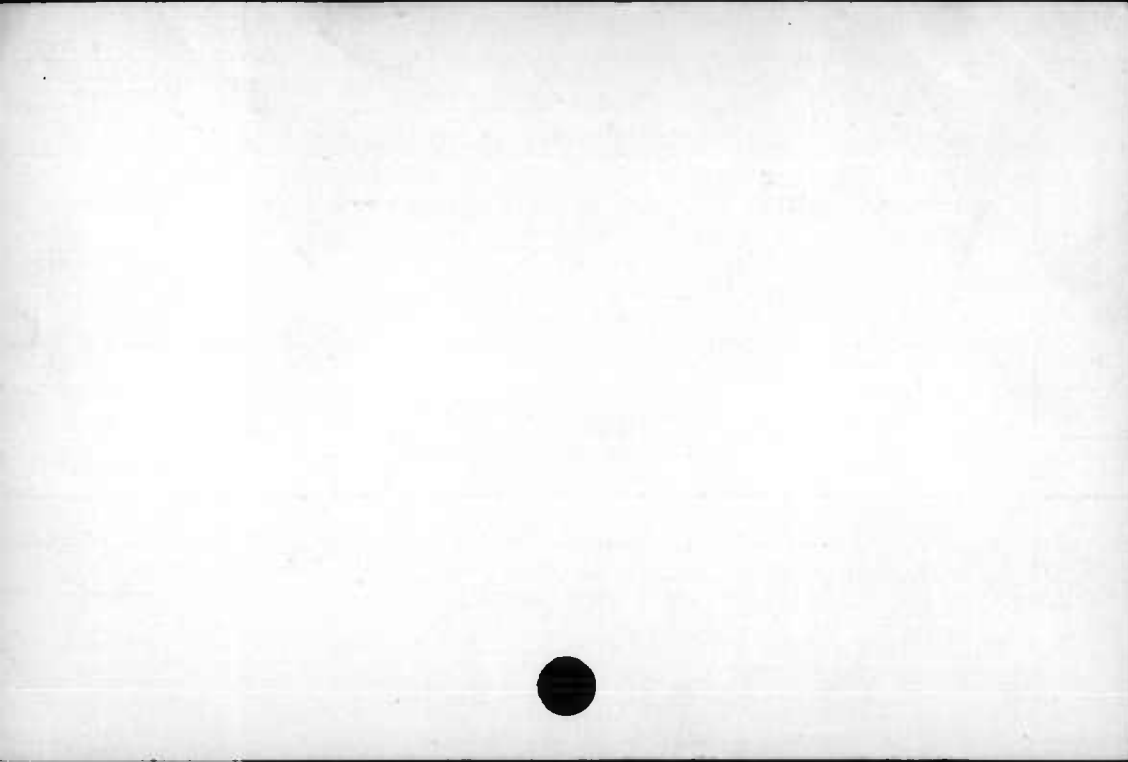
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Aspen</i> <small>town</small>		<i>Montgomery</i> <small>County</small>		MARYLAND	
Date of death	1908	Month <i>May</i>	Day <i>27</i>	Age <i>7</i> <small>Years</small>	<i>7</i> <small>Months</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Occupation <i>None</i>	Where Residing if not at place of death <i>Ind</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>E. Palmer Rabbit</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Lattie Giv</i>	Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>E. P. Rabbit</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Scarlet Fever</i>	How long <i>6 days</i>
Immediate	<i>Scarlet Fever</i>	How long <i>6 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>Engene Jones</i>
		Address <i>Thurington</i>
Accident or Suicide?	<i>No</i>	



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Eliza Ross* Town *Refyds* County *Mt. 9*

Died at *Refyds* Month *1* Day *11* Age *45* Years Months Days

Date of death *1908*

Sex *Female* Color or Race *Negro.* Birth-place *Annapolis Md.*

Occupation *Housewife* Where Residing if not at place of death *—*

Married, *—* Name of Wife or Husband *Salmon Ross*

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving information *Physician* How related to deceased *—*

CAUSES OF DEATH

**33**

PHYSICIAN  
OR CORONER

Primary *Tuberculosis of spine* How long *Twenty years*

Immediate *Paralysis of spinal* How long *3 days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *U. D. Burke M.D.*

Address *Dawsonville Md.*

Accident or Suicide? *—*



Name  
in  
Full

## CERTIFICATE OF DEATH

William O Saffle

near Gaithersburg

Town

Montgomery

County

MARYLAND

Date

of death

1908

Month

Jan

Day

21

Age

Years

76

Months

8

Days

8

Sex

Male

Color or  
Race

White

Birth-  
place

Maryland

Occupation

Laborer

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

Lizzie Saffle

Father's  
Name

Charles O Saffle

Father's  
Birthplace

Md

Mother's  
Maiden Name

Elizabeth Thompson

Mother's  
Birthplace

Md

Name of person giving  
Information

Lizzie Saffle

How related  
to deceased

Wife

## CAUSES OF DEATH

120

TO BE ANSWERED BY  
NEAREST FRIEND

Primary

Ch Brights Disease

Immediate

Exhaustion

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

E. C. Echison M.D.

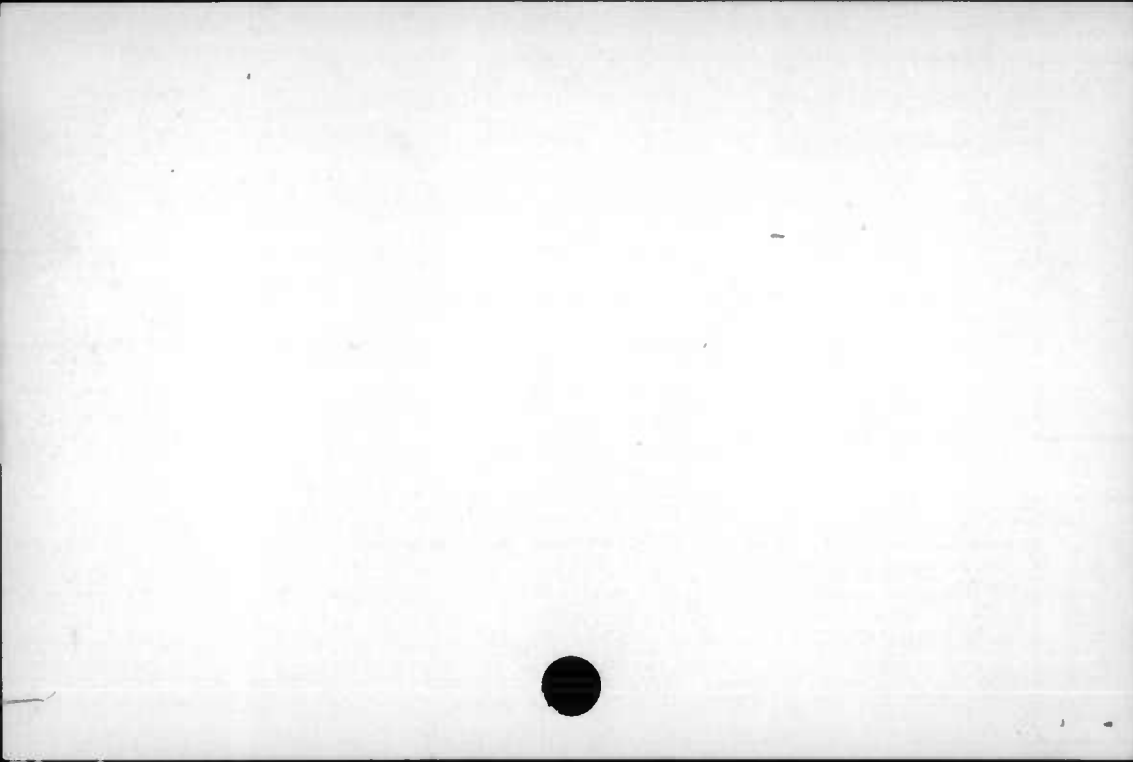
Gaithersburg

Maryland

Accident or Suicide?



Name in Full		George Scott				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Norbeck		County		Montgomery	
	Date of death		1908 Jan. 21		Age		about 60	
	Sex		Male		Color or Race		Colored	
	Occupation		Laborer		Birthplace		Prince George Co.	
	Where Residing if not at place of death							
	Married, <del>Single</del> or <del>Widowed</del>		Married		Name of Wife or Husband		Laura Scott	
	Father's Name		Unknown		Father's Birthplace		Unknown	
	Mother's Maiden Name		Unknown		Mother's Birthplace		Unknown	
Name of person giving information		Chas. W. Johnson		How related to deceased		No relation		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Grip.		How long		About 2 weeks	
	Immediate		Heart Failure		How long			
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Chas. Farquhar, M.D.	
					Address		Olney, Md.	
	Accident or Suicide?							





Name  
in  
Full

Henrietta Talbot

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

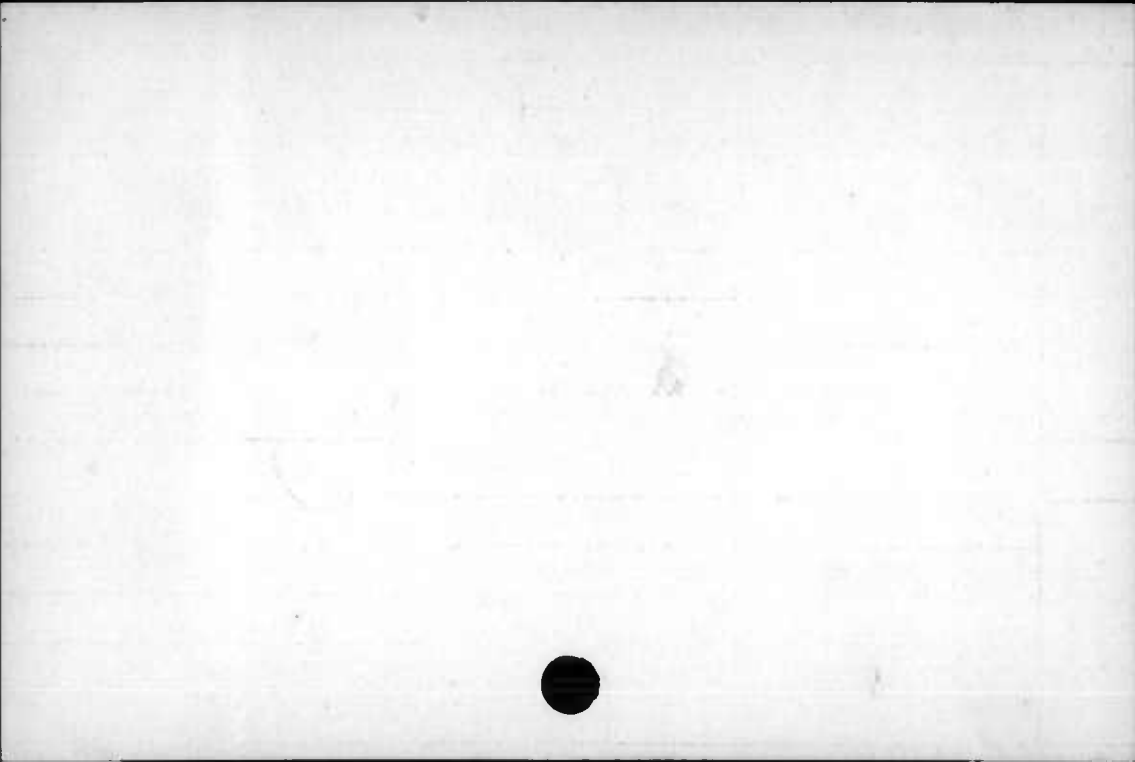
Died at <i>Polesville</i> Town		<i>Montgomery</i> County		MARYLAND	
Date of death	1908	Month	January	Day	17
Age	82	Years		Months	11
Sex	Female	Color or Race	White	Birth-place	Polesville Md
Occupation	<i>None</i>		Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		<i>Henry Talbot</i>		Father's Birthplace	
Mother's Maiden Name		<i>Sarah Benson</i>		Mother's Birthplace	
Name of person giving information		<i>Frank Davis</i>		How related to deceased <i>nephew</i>	

## CAUSES OF DEATH

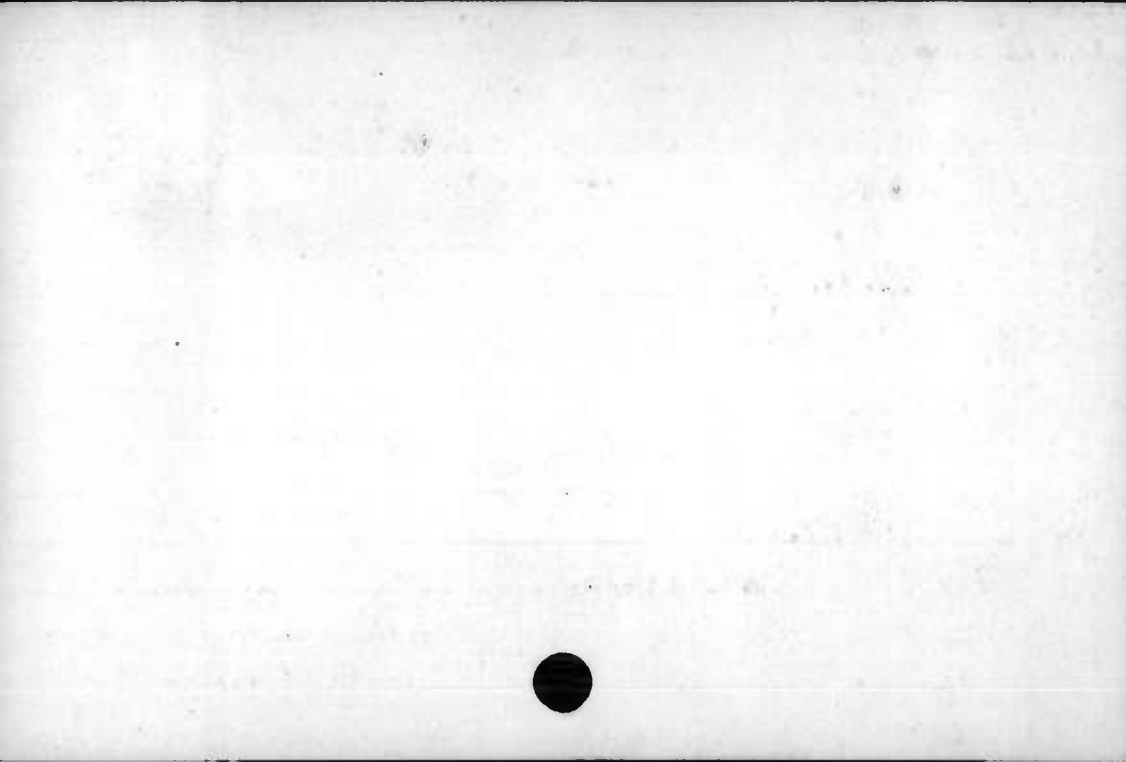
66

PHYSICIAN  
OR CORONER

Primary	<i>Paralysis</i>	How long	<i>3 days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>R. L. Talbot</i>	
		Address	
		<i>Polesville</i>	
		<i>Md</i>	
Accident or Suicide?			



Name in Full		John Warfield				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Washington Grove	County Montgomery	MARYLAND			
		Date of death	1908	Month 1	Day 18	Age 52	Months Don't Know	Days Don't Know	
		Sex	male		Color or Race	colored		Birth-place	Don't Know
		Occupation	Laborer		Where Residing if not at place of death		Washington Grove		
		Married, Single or Widowed	married		Name of Wife or Husband		Lucy Warfield.		
Father's Name		Wm. Warfield				Father's Birthplace		Don't Know	
Mother's Maiden Name		Don't Know				Mother's Birthplace			
Name of person giving information		Granville Taylor				How related to deceased		First Cousin	
		CAUSES OF DEATH				120			
PHYSICIAN OR CORONER		Primary	Chronic Brights with Heart Complications				How long	Don't Know	
		Immediate	Heart Failure				How long	" "	
		Are the name, age, sex, color, date and place correctly given above?		yes. Except age. That is probably correct		Signature of Physician		A. B. Staddox.	
				Address		Gaithersburg, Maryland.			
		Accident or Suicide?							



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Rockville <sup>County</sup> Manassas

Date of death 1908 1 8 - Age 75 - Months - Days 15 -

Sex Male Color or Race white Birth-place Md.

Occupation none Where Residing if not at place of death -

Married, Single or Widowed Married Name of Wife or Husband

Father's Name Louis Paul Webb

Father's Birthplace Philadelphia

Mother's Maiden Name Elise Latoison Desverreaux

Mother's Birthplace San Domingo

Name of person giving information Maggie W. Warfield

How related to deceased daughter

## CAUSES OF DEATH

Primary Infection

How long 1 mo

Immediate Exhaustion

How long -

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

O. M. L. Threinen  
Rockville  
Md.

Accident or Suicide?

